

Appendix A: Matrix of Personnel Experience

(Application for Approval as a Provider of a Personal Financial Management Instructional Course)

Name of Provider: _____										
Address: _____										
Federal Tax ID No. or Social Security No.: _____										
Debtor Education Teacher Qualifications	Employee #1	Employee #2	Employee #3	Employee #4	Employee #5	Employee #6	Employee #7	Employee #8	Employee #9	Employee #10
EDUCATION - Highest Degree Received (check one)										
High School	<input type="checkbox"/>									
A.D.	<input type="checkbox"/>									
B.A./B.S.	<input type="checkbox"/>									
M.S.	<input type="checkbox"/>									
J.D.	<input type="checkbox"/>									
Ph.D.	<input type="checkbox"/>									
Other (disclose on separate page)	<input type="checkbox"/>									
CERTIFICATION (check all that apply)										
NFCC	<input type="checkbox"/>									
AICCA	<input type="checkbox"/>									
CFP	<input type="checkbox"/>									
AFC	<input type="checkbox"/>									
CPA	<input type="checkbox"/>									
Other (disclose on separate page)	<input type="checkbox"/>									
EXPERIENCE (state years of experience)										
Classroom	<input type="checkbox"/>									
Personal Financial Management	<input type="checkbox"/>									
Consumer Credit Education	<input type="checkbox"/>									
Financial Planning	<input type="checkbox"/>									
Consumer Economics	<input type="checkbox"/>									
Credit Counseling	<input type="checkbox"/>									
Other (disclose on separate page)	<input type="checkbox"/>									